

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name WHITE CASTLE #14	Telephone Number Est 812-945-7864 Own 614-228-5781	Date of Inspection 09/01/2021	ID#
Address 1701 E. SPRING ST, NEW ALBANY IN 47150			
Owner WHITE CASTLE SYSTEM INC	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 09/11/2021
Owner's Address 4730 ALLMOND AVE LOUISVILLE, KY 40209		Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
Person in Charge NIKKI CLARK			
Responsible Person's Email CLARKN@WHITECASTLE.COM			
Certified Food Handler NICOLE CLARK DONNA SWIFT			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
294	X			Observed quat sanitizer in sanitizing bucket to read 100ppm.	TODAY
218		X		Observed damaged gasket inside the reach in cooler up front.	9/8/21
243		X		Observed single use crave case on floor in the storage area.	CORRECTED
324		X		Observed ice buildup on the pipes of the condensing unit in the walk in freezer.	9/8/21
392		X		Observed dumpster sides open.	TODAY
394		X		Observed trash inside the dumpster corral.	TODAY

Summary of Violations C 1 NC 5 R 0

Received by (name and title printed):

NIKKI CLARK

Inspected by (name and title printed):

Christa Manus EHS

Received by (signature):

Inspected by (signature):



cc:

cc:

cc: